



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION – HIGHER VOLUME ACTIVITIES

THIS PACKET CONTAINS:

- A pamphlet entitled "*Gambling License Certification Program*";
- The basic *Charitable / Nonprofit Organization Application* (GC4-006);
- An explanation of license class structure (GC5-144);
- Washington Administrative Codes (WACs) pertaining to licensing and / or operation of gambling activities;
- Letter for mandatory precertification training (GC5-158); (See WAC 230-04-020 for training attendance requirements.)
- *Personal / Criminal History Statement* (BLS-700-301), *Financial Statement* (GC4-320), and *Source of Funds Statement* (GC4-321) forms. (See Part IV.B.3. and B.5. for additional information on these forms.)
- A license fee schedule (GC5-055 FS).

GENERAL INFORMATION:

- You may NOT begin any gambling activity(ies) listed in this packet prior to physically receiving a license.
- The information from this application and other requested documents and information is used to determine the qualifications of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity.
- Should you fail to respond to a written request for additional information, documentation, and / or fees within twenty (20) days of such notice, we may begin administrative closure of your application. In that case, we shall refund your fee (minus our processing costs, if applicable) and close your file without further action.
- If you decide to voluntarily withdraw your application, or the commission staff seeks a denial based on non-qualification, your fees will be refunded less the amount necessary to process your file (see WAC 230-04-220).
- Refunds will not be given after issuance of your license, except as provided in WAC 230-04-260.
- A complete financial and criminal background investigation will be necessary on various members and officers of the organization (See Part IV.B.3.). In addition, a premises visitation may be required.
- If applying to conduct a Group III, IV, or V gambling activity (see WAC 230-12-076) or plan to pay premises rent in excess of \$2,000 per month, you must submit your "Pro Forma Plan of Operations" as specified in WAC 230-04-040, a *Financial Statement* (GC4-320) and a *Source of Funds Statement* (GC4-321) form.

BASIC APPLICATION INSTRUCTIONS:

1. Ensure your packet contains all the items listed above.
2. Read the *Gambling License Certification Program* pamphlet very carefully, and compare your organization against the requirements listed. Do you qualify? If in doubt, contact the licensing section through our toll-free number listed above.
3. It is extremely important that you read and understand all instructions. If some areas are unclear or you are in doubt, please call. We will not start processing your application until it is complete with all requested information available for review and evaluation.
4. Complete all areas and requirements as instructed.
5. Upon completion, recheck the application and ensure you have completed each area, enclosed all requested documents, and completed special requirements.
6. Submit the completed application, with the appropriate fee, Washington State Gambling Commission, P.O. Box 42400, Olympia WA 98504-2400.

Have you missed anything? – For assistance, contact the licensing section at the phone numbers listed above.



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GAMBLING ACTIVITY APPLICATION
BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION – HIGHER VOLUME ACTIVITIES

NOTE: All questions require an answer. If a question is not applicable, answer by entering "N/A" in the area provided.

PART I. TYPES OF ACTIVITY / LICENSE CLASS / FEES: (Mark ☒ all applicable activities, including the license class and applicable fee – see attached fee schedule for proper fee and license class.)

- | | | |
|--|--------------|---------------|
| <input type="checkbox"/> Bingo – Class “D” or above (01) | Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Raffles – Class “E” or above (02) | Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Amusement Games – Class “E” only (03) | Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Punch Boards / Pull-Tabs – Class “D” or above (05) | Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Social Card Rooms – Class “A” or “B” only (60) | Class: _____ | Fee: \$ _____ |

Total Fees Submitted: \$ _____

PART II. GENERAL INFORMATION: (To be completed by All Applicants.)

A. Organizational Information:

- Applicant: _____
Organization Name / Chapter
- Mailing Address: _____ (_____) - _____
Street / P.O. Box Fax Number
City State Zip County
- Telephone: (_____) - _____ (_____) - _____
Organization's Business Telephone Gambling Premises Telephone
- UBI Number Assigned by the Department of Revenue: _____
- Have you previously applied for or been licensed by the commission? Yes ☐ No ☐
If Yes: When and what type of license? _____
- Bingo Only** – County in which the organization's primary business office is located: _____
IF NO BUSINESS OFFICE, then provide the county in which the organization's president / chief executive officer resides: _____

B. Premises / Equipment (All Applicants):

- Premises: Does the organization own the premises? Yes ☐ No ☐
Address (Where the activity will be conducted): _____
Street
City State Zip County
Is the above address within the boundaries of a town or city? Yes ☐ No ☐
Telephone: (_____) - _____
If Rented, provide the following:
Landlord: _____
Name Address
City State Zip County

PART II. GENERAL INFORMATION: (To be completed by **All Applicants.**) (Continued)

B. Premises / Equipment (All Applicants**):** (Continued)

2. Equipment:

Does the organization own the equipment used to conduct the gambling activity(ies)? Yes ☐ No ☐

If Rented, provide the following (Attach listing, if necessary):

Owner: _____
Name Address
City State Zip County

C. Proposed Activity Manager(s) (All Applicants**)** (Complete one for each separate gambling activity. If more than three (3), provide information by attachment.):

1. Full Name: _____ Gambling Activity: _____

Home Address: _____
Street
City State Zip County
Social Security No. Date of Birth () - () -
Home Telephone Business Telephone

2. Full Name: _____ Gambling Activity: _____

Home Address: _____
Street
City State Zip County
Social Security No. Date of Birth () - () -
Home Telephone Business Telephone

3. Full Name: _____ Gambling Activity: _____

Home Address: _____
Street
City State Zip County
Social Security No. Date of Birth () - () -
Home Telephone Business Telephone

D. Time / Days / Dates of Operation (All Applicants**):**

1. List the normal operating schedule for the following activities:

Bingo _____ Punch Boards / Pull-Tabs _____
Amusement Games _____ Social Card Rooms _____

2. All bingo applicants – Complete the following schedule for day(s) and hours of bingo operation:

Monday: _____ to _____ Wednesday: _____ to _____ Friday: _____ to _____
Tuesday: _____ to _____ Thursday: _____ to _____ Saturday: _____ to _____
Sunday: _____ to _____

PART III. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

A. Historical – Initial Application and Changes Only:

Applicants currently or previously licensed by the gambling commission need only complete those items which have changed since the last application. **If no change**, write N/C in each space provided.

1. When was your organization formed or incorporated? _____
Month / Day / Year
2. When does your accounting fiscal year end? _____
Month / Day / Year
3. Mark ☒ all purposes for which your organization is formed and operated. Annotate your primary purpose by circling it:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Charitable	<input type="checkbox"/> Educational	<input type="checkbox"/> Patriotic	<input type="checkbox"/> Religious
<input type="checkbox"/> Athletic	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Political	<input type="checkbox"/> Social
<input type="checkbox"/> Other (List): _____				
4. Is your organization exempt from the payment of federal income taxes? Yes ☐ No ☐
If Yes: What is your Internal Revenue Service (IRS) exemption code section? 501(C) (____)
(Example: 501(C)3, please call us if you are confused about your particular IRS code.)
5. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?
Yes ☐ No ☐ **If Yes**, Complete the following: Name of Organization: _____
Relationship: _____

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes ☐ No ☐

B. Membership Information (Complete even if previously licensed.):

1. How many regular membership meetings has your organization held during your last fiscal year? _____
2. How many active members (WAC 230-02-183) are in your organization as of the date of this application? _____
3. Are all members allowed to vote in elections for officers and board members? Yes ☐ No ☐
If No: How many voting members? _____

C. Elected Organization Members (List and complete **All information):**

1. **President:** _____
(or Equivalent) Last, First, Middle Initial Social Security Number
(____) - _____ (____) - _____
Home Telephone Work Telephone Date of Birth
Home Address: _____
Street

City State Zip County
2. **Treasurer :** _____
(or Equivalent) Last, First, Middle Initial Social Security Number
(____) - _____ (____) - _____
Home Telephone Work Telephone Date of Birth
Home Address: _____
Street

City State Zip County
3. **Board Chairperson:** _____
(or Equivalent) Last, First, Middle Initial Social Security Number
(____) - _____ (____) - _____
Home Telephone Work Telephone Date of Birth
Home Address: _____
Street

City State Zip County

PART III. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION: (Continued)

D. Progress toward meeting stated purpose(s) during your last fiscal year (**All Applicants**):

1. Briefly describe how your organization has met the purpose(s) set out in Part III.A.3.:
(If more space is needed, use a separate sheet of paper.)

2. Briefly describe the type(s) of charitable and / or nonprofit services that are provided by your organization to the public and / or your members:

• **To The Public:** _____

• **To Your Members:** _____

If more space is needed, use a separate sheet of paper, but identify the question you are addressing.

PART IV. REQUIRED ATTACHMENTS – Attach and submit the following documents with your application.

New applicants must submit all documents listed in A. and B. of this section.

Applicants previously licensed by the commission may omit these items unless there has been any changes in officers, bylaws or articles, or you are specifically requested to provide them.

A. All New Applicants:

1. IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
2. A copy of your current bylaws and articles of incorporation and any amendments.
3. One set of minutes from any meeting of your organization from as far back as you can find.
4. Copies of the minutes from your two most recent meetings.
5. A list of officers to include full name, date of birth, social security number, address, and phone number.

B. All Applicants: Including Those Previously Licensed:

1. Your written lease or rental agreement for use of the premises. (If you own the premises, so note.)
2. Your written lease or rental agreement for use of equipment. (If you own the equipment, so note.)
3. Complete the following:

- I am applying for a Class "D" or above Punch Board / Pull-Tab license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- I am applying for a Class "A" or "B" Card Room license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- I am applying for a Class "D" or above Bingo license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- I am applying for a Class "E" Amusement Game license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- I am applying for a Class "E" or above Raffle license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered yes to any of the above questions, a *Personal / Criminal History Statement* (BLS-700-301) is required for each of the following organization persons: the president / CEO, the board chairperson, the treasurer, and the gambling activity manager(s).

NOTE:The completed *Personal / Criminal History Statement* (BLS-700-301) must be countersigned by the president or CEO before they can be accepted by the commission.

4. The above organization persons must also provide positive identification by submitting a copy of their drivers license, military ID, valid passport, or alien registration card (if they are a registered alien) and a current, full-face photograph (no smaller than 2"x 3" or larger than 3"x 5"). **The person's name and social security number must be written on the back of the photograph.**

PART IV. REQUIRED ATTACHMENTS (Continued)

B. All Applicants: Including Those Previously Licensed: (Continued)

5. A *Financial Statement* (GC4-320) and *Source of Funds Statement* (GC4-321) for the organization is required if you are applying for a bingo license.

NOTE: Attached WAC 230-12-305 and WAC 230-12-310 requires that information supplied to the Gambling Commission be kept current. It also sets time limits to assure timely reporting, and advises that revised agreements, pending lawsuits, or other factors discovered may require further analysis and review.

*** * STOP * ***

Please review the entire application **again**. Have you forgotten to complete all questions or submit documents? **Please note** that failure to provide the information / documentation **may significantly delay** processing of your application.

- PLEASE HELP US TO HELP YOU -

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

PART V. OATH OF THE ELECTED CHIEF EXECUTIVE OFFICER ONLY:

I, _____, chief executive officer of the applicant organization hereby
(First Name / Middle Initial / Last Name)

declare under penalty of perjury, under the laws of the State of Washington, that all information provided in this application is true and complete to the best of my knowledge. I have read RCW 9.46.300, RCW 9.46.0209, RCW 9.46.0261, and WAC 230-04-024, and affirm that the organization listed on this application meets the eligibility requirements for receiving a gambling license. I understand that untruthful or misleading answers are cause for denial of this application, revocation of any gambling license(s) currently held, and / or criminal prosecution under the provisions of Chapter 9.46 of the Revised Code of Washington. I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I agree to notify the Gambling Commission should any criminal or civil actions be filed against me during the application or licensure period. I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

I further understand that failure to provide all information and / or documents requested in the application may be cause to "**ADMINISTRATIVELY CLOSE**" my application.

President's Signature: _____
(From Part III.C.1.)

Title: _____ Date: _____

Application Prepared By:

Name Title

Address

City State Zip County

(_____) - _____
Telephone

(_____) - _____
Fax Number

E-Mail Address: _____